CHAPTER 11

TRAINING IN THE AGENCY

A. INTRODUCTION

A key factor to successfully implement the comprehensive assessment, OASIS data collection, and data reporting regulations in a home health agency is the training that occurs for agency staff. Because the collection and transmission of uniform data affect so many agency processes, this training (and retraining) is necessary for several different types of staff. Addressing the training needs in a coordinated and effective manner requires both advance planning and post-training follow-up. This chapter provides information and materials for agencies to utilize as they conduct educational activities for initial implementation and for any subsequent retraining.

B. ESTABLISHING THE ATMOSPHERE FOR TRAINING: WHY CHANGE IS NECESSARY

Well before the actual training date, the agency leadership and the Implementation Team establish an environment that will support (or hinder) the necessary changes. An agency with a strong focus on and commitment to providing high quality care and to continually improving that care will already have laid the groundwork for the necessary process changes. Noting that these changes provide a mechanism to further develop quality improvement processes and to improve care, as well as to position the agency to deal with other modifications in health care delivery, can increase staff receptivity to necessary change. In such an agency, the staff begins to realize the opportunities available to them, even while acknowledging that change means moving from something familiar and "easy" to the different and, in this case, somewhat unknown.

An agency without a strong prior focus on performance improvement will benefit from introducing these concepts. This foundation will assist agency staff to understand why the need for change exists, why this change is important, and how it will ultimately be used to improve patient care. This big-picture emphasis on patient care assists in establishing the atmosphere that will support these changes.

C. WHO NEEDS TRAINING? WHAT TRAINING DO THEY NEED?

As the plan for training unfolds, it is clear that different agency staff members have unique training needs. Clinical staff must learn about OASIS items in considerable detail, while clerical staff do not possess this same need. The staff members who will perform the data entry, edit checking, locking, and data trans-

mission functions will need different training than will those who handle patient intake and referrals. Yet some content and training needs are common to all staff.

The **full agency staff** requires some understanding of the new regulations, the emphasis on collecting and reporting uniform data, and the outcome-based approach to evaluating the quality of patient care. The **clinical staff**, on the other hand, must receive training in the details of the comprehensive assessment (including when this assessment must be conducted), the OASIS items, new policies and procedures, and the importance of data accuracy. The **clerical or data entry staff** require specialized training in the specific data entry program to be used, running edit checks, policies and procedures for correcting data, locking of data records, and transmitting data to the State agency. Because new procedures for ICD coding and recertifications may impact the **billing staff**, this group also has a potential need for training.

As the Implementation Team makes decisions about policies, procedures, and processes, the training implications of these decisions must be acknowledged. Rewritten personnel policies or expected staff competencies, for example, must be shared with the appropriate staff members.

Clarifying the unique training needs of different agency staff groups becomes the basis for the total training plan. Attachment A to this chapter provides questions that can be utilized to develop lists of specific agency staff members with unique training needs.

D. OVERALL TRAINING GOAL

The agency staff responsible for conducting training must have a clear picture of the overall training purpose. It is very possible to become enmeshed in the details of comprehensive assessment time points, new agency policies for the transfer of patients to an inpatient facility, and new uniform data item definitions, while losing sight of the reasons why training is important. There are four primary reasons for training agency staff, each of which can be translated into a specific goal. Alternately, the four reasons can be combined into one overall goal.

The reasons for conducting agency staff training are to increase:

1. Staff compliance with regulations and internal agency policies;

2. Uniformity of OASIS data collection methods;

3. Overall data accuracy; and

4. The agency's ability to use outcome data for internal agency performance improvement activities.

A sample (single) training goal is:

> *To provide an overview of the comprehensive assessment and data reporting regulations, including an understanding of the rationale for collecting uniform data and approaches to increase data accuracy.*

E. PLANNING AND SCHEDULING THE TRAINING

In planning the training, the first decision is whether all staff should be trained in a single group or if separate sessions are preferred. Depending on agency staff size or case management responsibilities, it may be beneficial to offer separate sessions. Alternatively, some content appropriate for all staff can be presented in one session with follow-up sessions for those staff needing specialized training.

Attachment B contains an overview of three types of training sessions—one for all agency staff, one for clinical staff, and one for data entry staff. The one-hour total staff training might be conducted in addition to (or in place of) a regularly scheduled staff meeting. The other training sessions could then follow immediately after the staff meeting or be scheduled for other times.

Clinical staff training (as recommended for three hours) might be scheduled for two separate sessions. If a one-hour portion is conducted immediately following the overall staff training, then two sessions of two hours each could occur. The total number of agency staff clinicians most likely will determine whether or not all disciplines and all clinicians are trained together. Contract staff members can be trained separately if their responsibilities will differ from other clinical staff.

Data processing, entry, and transmission training is most often successful when the presentation combines content and "hands-on" practice. This training, thus, can be held in the agency location where such practice can occur.

Sufficient time should be scheduled to allow both presentation of content and questions. Discussion of concerns should be encouraged in any training session—this discussion provides an opportunity to review the "big picture" of the reasons for changes that are occurring.

Agency staff that share multiple responsibilities (e.g., data entry and billing, intake and clinical, etc.) should receive training in each area of responsibility.

Such cross training will also facilitate coverage for vacations or other staff absences.

While acknowledging that space is often a limited commodity in a home care agency, try to select an area for training that is comfortable and conducive to learning. Ideally, the space will be located out of main traffic areas and will have a sufficiently large table surface to write on and to spread materials. Ensure that any equipment (i.e., overhead projector, flip chart, white board, microphone, podium, etc.) can be accommodated. Check the availability of electrical outlets and extension cords.

Will attendance at the training be mandatory or voluntary? Will "make-up sessions" be offered? Will interruptions of the session for telephone calls be allowed? These decisions should be made in advance so staff can be informed. It is advisable to audiotape or videotape any training sessions that are mandatory, since absences can occur due to illness, unanticipated visit demands, etc. (Be sure to test the audio/video equipment prior to the session to assure that it is functioning well.) It is also possible to utilize taped sessions as substitutes for longer sessions in the office. Staff might sign out the tape and corresponding handouts for viewing at home. Specific staff trainers might be designated to follow up on any questions.

F. WHO SHOULD CONDUCT TRAINING?

The best trainers in the agency are those who can speak from some experience. Because of this, it is highly desirable that agency staff who pilot-tested the new integrated clinical documentation (in the context of providing patient care) are involved in training. These staff members can report how the OASIS items differ from current documentation and how the patient assessment necessary to respond to these items is similar to (or differs from) current assessment practices.

Other training staff might include:

- an informal leader (whom the staff respect), who will appeal to the staff's professionalism and rational side; and

- a "cheerleader," who motivates through appeals to staff idealism and emotion.

One member of the training group should be especially proficient in answering and dealing with questions.

G. TRAINING APPROACHES

A blend of **formal and informal training methods** is suggested for maximum effectiveness. The content for various formal training sessions is described in Attachment B.

The formal training is likely to occur in an organized group setting, while informal training can be conducted in many different ways (both structured and unstructured). Tips on presenting a formal training session can be found in Attachment C to this chapter. Because the majority of the formal content focuses on regulations, new policies, new internal agency processes, and new uniform data definitions, all of which can be relatively "dry" content, adding a bit of humor to the formal training is often appreciated by the learners. Many agencies have utilized OASIS themes of various types (e.g., Midnight at the OASIS, Launching the OASIS, OASIS is the Basis, etc.) as they began training for OASIS implementation. Food also has been found to be a key ingredient to increase learner attention.

If a packet of instructional materials is utilized during formal training, the materials can reinforce the training at later points. Such a packet should be prepared in advance and distributed at the beginning of the training session. Extra packets should be kept in the agency for use with the audiotape or videotape that is prepared for later use. Some of the frequently asked questions or other materials from the *User's Manual* might be included in such a packet. An agency-specific case study (or several case studies) also might be provided in the packet. As a key resource, the agency trainer(s) should familiarize staff with the item-by-item detail found in Chapter 8 of this manual. These pages might be placed in a binder with clear plastic sheet protectors and kept in a location that is easily utilized by clinical staff members.

Reinforcement of content (or retraining) often occurs in more informal ways. Attachment D to this chapter provides a listing of informal training approaches that have been used in agencies implementing OASIS data collection. It is unrealistic to expect all staff members to process this quantity of information quickly and to apply it without problem. Remember that the emphasis on collecting uniform data at uniformly defined time points, checking it for correctness, and finalizing the record within a specified time frame is very new for nearly all clinical staff. The agency trainer(s) should plan the retraining and reinforcement approaches to be used as they plan the formal training session.

Designating specific staff to answer clinical OASIS questions is another approach to informal training. One demonstration agency assigned this responsibility to several staff members, with one person having the primary responsibility on any given day. The designated OASIS question-answerer wore a unique hat on

his/her assigned day and thus was easily identified by any staff member returning to the office with questions.

Those individuals responsible for training should monitor the questions that arise most commonly among agency staff. These questions can indicate the need for a more formal retraining for all staff. Review of the clinical documentation for frequent errors or checking with data entry staff to determine those items most often responsible for edit checks can provide a listing of such problem areas. Many of the suggestions for reinforcement and informal training found in Attachment D are appropriate for groups as small as one or two staff members or as large as the entire agency staff.

H. LEARNING CURVE EXPECTATIONS

Agency staff trainers and clinical managers are particularly interested in the expected learning curve for this content. How many assessments with OASIS items must be done before a clinician feels confident in her/his understanding of the items? Does this developing "understanding" of the items translate into time expectations for the comprehensive assessment home visit? The answer to these questions can only be answered by the agency in regard to individual clinicians. If a clinician is accustomed to performing comprehensive assessments now and has some experience in providing home care, the learning curve is much shorter than for the clinician who currently does not perform comprehensive assessments or is a novice to home care. The experienced clinician usually requires approximately six assessments before she/he is comfortable using OASIS items. These assessments may take approximately 15-20 extra minutes, time which most commonly involves assessing the patient in the greater detail that is required by the OASIS items. Most agencies report that the expanded visit or documentation time quickly returns to what was usual before the new forms were introduced.

It is important to highlight in the training sessions that the OASIS items are not unusual elements to be included in an assessment, but rather they are commonly assessed at admission and at other points in the home care episode. Many of these items have been part of the agency's current assessment but in a different format. The main attribute that makes the data set items unique is the precision of the scales.

Three additional points must be considered in the learning curve expectations. First is that internal agency processes most likely have undergone considerable change as well as the clinical documentation changes. The result of multiple changes occurring simultaneously is often to lengthen the learning curve. Second, the edit checking and data correction functions are likely to have a

significant impact on clinician behavior during this learning period. Finally, data accuracy monitoring may reveal additional training needs long after trainer(s) expect the learning curve to be mastered. Those responsible for ongoing training and staff orientation should carefully monitor data accuracy and potential questions to determine needs for additional training.

I. ASSESSING STAFF COMPETENCY

During the training process (and in the supervision of clinical staff in the post-training period), the agency trainer(s) will be able to formally and informally evaluate and address competency issues regarding the performance of patient assessments. Competency assessment is the process of demonstrating an individual's ability to successfully perform a task. While the comprehensive assessment and OASIS regulations are stated as being consistent with the current standards of practice within the home care industry, individual agencies and clinicians may choose to evaluate and to improve the current level of skill and performance in conducting comprehensive patient assessments.

1. Methods to Evaluate Competence

A variety of methods may be used to evaluate competence in patient assessment, including clinical record reviews, joint or supervisory visits, patient or staff feedback, self-assessment checklists, or performance testing through written, verbal, or task-oriented approaches. Agencies may wish to begin by assessing knowledge levels through staff self-assessment checklists, questionnaires, or verbal interaction. This information is valuable for identifying needs for additional training or retraining.

Ideally, competency evaluation is performance-based, meaning that it measures not only the presence of the required knowledge base, but also the clinician's ability to effectively and appropriately use the knowledge in performing specific activities. To be most valuable, therefore, competency assessment should include an evaluation of the clinician's performance while actually conducting a patient assessment. Methods that can be used to evaluate such clinical performance include:

- Review of the clinical record for consistency between clinicians in noting patient status;

- Skills labs allowing the clinician to demonstrate performance of specific assessment skills, including both interview and observation assessment opportunities; and

- Supervisory visits allowing direct observation of the clinician performing the assessment activities.

2. Special Considerations Regarding Therapy Staff Competence

The regulatory language allows rehabilitation therapy providers (i.e., speech-language pathologists, physical therapists, and occupational therapists) to conduct the comprehensive assessment and to collect OASIS data. Individual therapists may not currently be competent in all skills and activities associated with the comprehensive assessment. While therapists' assessment performance is not restricted by scope of practice documents available from the major national rehabilitation associations, an individual clinician's education, exposure, or experience may be limited, resulting in competency concerns. Categories of OASIS items that have been described by some therapists as problematic to assess include:

- Diagnostic coding (M0190, M0210, M0230/M0240);
- Use of the severity index (M0230/M0240);
- Life expectancy (M0280);
- Integumentary review (M0440-M0488);
- Elimination status (M0510-M0550);
- Medication management (M0780-M0800); and
- Equipment management (M0810-M0820).

Acknowledging clinician concerns regarding unfamiliar clinical activities is paramount in recognizing and providing for staff education needs. In an environment that views competency assessment from a staff development and performance improvement perspective, rather than from a restrictive or punitive viewpoint, the desired goal of improving staff skills most likely will be achieved. Assessment performance by staff lacking the necessary competence will threaten the data integrity required to appropriately plan care and to validly measure patient outcomes.

J. THE MOST IMPORTANT FACTOR IN TRAINING

A well-designed training plan is important for clinician learning, as are well-prepared materials and a good location. But the most important factor for staff

learning is a trainer who conveys the value of the data for the agency both in the short term and for long range objectives. This will be evident in the trainer's overall attitude toward the regulations, in the new processes that are developed, in the training and reinforcement activities planned, and in the overall support provided to those who are learning. The individual(s) conducting agency training should remember a key axiom:

YOUR ATTITUDE IS CONTAGIOUS!

K. WHAT HAPPENS AFTER THE INITIAL TRAINING?

As mentioned, education in OASIS items, the comprehensive assessment regulation, and data accuracy will be ongoing activities in the agency. Additional training or retraining will likely be required due to the continuing evolution of agencies' processes as needs become evident or future changes are made to the OASIS.[1] Many of the previous suggestions for informal training can be initiated at any time the need for reinforcement becomes obvious. Agencies may choose to monitor staff competency in OASIS data collection on a routine basis. Part of a new staff member's orientation process may include the audiotape or videotape prepared during the initial formal training. Because the agency is responsible for the accuracy of its data, monitoring for accuracy is important for ongoing identification of training needs and thus for provision of future training and reinforcement as part of the overall staff education plan. This plan can be updated on an annual or more frequent basis, depending on the unique agency and staff needs.

[1] OASIS items may change over time based on new data needs, further outcome research, or changes in clinical practice.

FREQUENTLY ASKED QUESTIONS

1. Someone told me that it took over 40 hours to train agency clinical staff to use OASIS. My agency doesn't have this quantity of staff time available for training. What do I do?

Most agencies have not found this amount of time to be necessary for formal staff training. The content and time period for such training found in Attachment B has proven to be effective for most agencies. The training staff must evaluate their clinicians' abilities and proficiencies as they plan the overall training. Some individual clinicians may require more extensive (supplementary) training in how to conduct patient assessments in the home, which could lengthen training time. Forty hours seems to considerably overestimate the length of formal training needed for most clinical staff in most agencies.

2. It appears that training is a nearly continuous activity for an agency, even if conducted in only informal ways. Is this correct?

Because the collection and use of uniform data is a new emphasis for most agencies, it will require considerable reinforcement. An agency that monitors its own data accuracy on a continuing basis will undoubtedly discover many opportunities for reinforcement and retraining.

ATTACHMENT A TO CHAPTER 11

IDENTIFYING TRAINING NEEDS OF STAFF

Questions to Determine Specific Staff Members' Responsibilities	**Training Need(s)**
• Who will oversee implementation of data collection in the agency? • Who will oversee the implementation of data entry and data reporting functions in the agency?	➢ Full training with detail in all areas.
• Who are the clinical staff members directly involved with OASIS data collection? • Who provides oversight and management support to these clinicians?	➢ Training in comprehensive assessment regulation with OASIS, new clinical documentation, data edit checks and correction policies and procedures, and documentation flow processes.
• Who will be responsible for data entry and tracking? • Who provides oversight and management support to this staff?	➢ Training in data reporting regulations, data submission and correction policies and procedures, locking data, and documentation flow processes.
• Which staff members are responsible for intake and referrals? • Which staff members are responsible for clinical records? • Who monitors receipt of signed orders?	➢ Training in specific area(s).
• Who are remaining staff not identified by above questions?	➢ Overview of data collection and transmission regulations; discussion of need for change.

ATTACHMENT B TO CHAPTER 11

TRAINING PLAN FOR STAFF

I. TRAINING FOR ENTIRE AGENCY STAFF: OBJECTIVES AND CONTENT

Objectives:

At the conclusion of the agency training, the staff will be able to:

1. Discuss the use of outcome data for performance improvement.
2. Explain the CMS requirements for the comprehensive assessment, OASIS data collection, and data reporting.

Key Content Areas:

1. Outcomes for Performance Improvement: The Context for the New Regulations
2. The Comprehensive Assessment Requirement
3. Data Reporting Regulation

Estimated Program Length:

45 minutes

II. TRAINING FOR AGENCY CLINICAL STAFF: OBJECTIVES AND CONTENT

Objectives:

At the conclusion of the training, the clinical staff will be able to:

1. Identify the comprehensive assessment requirements (patients, time points, procedures).
2. Discuss the meaning of each OASIS item.
3. Discuss the conventions (i.e., rules) to observe in completing OASIS items.
4. Describe the assessment strategies to utilize for collecting OASIS data.
5. Accurately conduct and document a start of care assessment.
6. Accurately conduct and document a follow-up/discharge assessment.

Key Content Areas:

1. Comprehensive Assessment Requirements
   a. Patients
   b. Time Points
   c. Management of Multidiscipline Cases
2. OASIS Data Set Overview
3. New Start of Care Documentation
4. New Follow-up/Discharge Documentation
5. Data Collection for Transfers to Inpatient Facilities
6. Agency Processes for Documentation, Physician Orders, CMS 485
7. Data Correction Procedures
8. Plans for Ongoing Training

Estimated Program Length:

3 hours

III. TRAINING FOR DATA ENTRY/PROCESSING STAFF: OBJECTIVES AND CONTENT

Objectives:

At the conclusion of the training, the data entry/processing staff will be able to:

1. Correctly enter a start of care assessment and run the edit check program.
2. Correctly enter a discharge assessment and run the edit check program.
3. Identify whether edit check "failures" are due to data entry or clinical errors, and how to initiate problem resolution.
4. Correctly lock a completed record.
5. Transmit a locked record to the State agency.

Key Content Areas:

1. Data Entry Software
2. Edit Check Program
3. Correcting Errors
4. Locking and Transmitting Records

Estimated Program Length:

1 hour

ATTACHMENT C TO CHAPTER 11

TRAINING TIPS

TIPS TO CONSIDER AS YOU TRAIN YOUR STAFF:

- ✓ Staff are usually more receptive to learning if they understand the context of new material -- if they have some sense of the **"big picture."** Presenting the context thus serves to increase motivation.

- ✓ In a group setting, some people are primarily visual learners, while others are primarily auditory learners. Therefore, it's good practice to **include visual aids in addition to spoken presentation**.

- ✓ **Starting with the "known" and moving to the "unknown"** is an effective teaching approach. As an example, your new SOC assessment could be compared (or contrasted) to your former version, and commonalities identified. Similarly, commonalities between the SOC assessment and the 60-day (and discharge) forms can be pointed out.

- ✓ Regardless how good a teacher you are, not every learner will retain every piece of information you convey. Thus, **reminders of key points** are good to include on posters, bulletin boards, or in other communication modes.

- ✓ Learners respond more positively to new ideas (or approaches) if they perceive the presenter is an advocate for the ideas/approaches. **Your attitude is contagious!**

- ✓ **Questions most often indicate that learners are "on track" with you**. If you can't answer every single one, don't panic -- but get the answer from a more informed source and communicate it promptly to the questioner.

- ✓ **Allow adequate time** to give learners the opportunity to ask questions and share feedback.

ATTACHMENT D TO CHAPTER 11

SUGGESTIONS TO ADDRESS ONGOING TRAINING NEEDS

INFORMAL TRAINING APPROACHES

- Include frequently asked questions and answers in newsletters, paycheck flyers, voicemail reminders, etc.
- Put an OASIS question box in a prominent location. Empty it frequently; widely distribute the questions and their answers.
- Post frequently asked questions and answers on bulletin boards or in agency bathrooms.
- Designate key people to be "question answerers." Have them clearly identified and accessible to clinical staff.
- Devote 10-15 minutes of each staff (or team) meeting to OASIS tips.
- Use scenarios or case study examples in patient care conferences or meetings to reinforce content or correct approaches.
- Utilize a peer mentor (or buddy) system for clinicians to support one another.
- Check with data entry staff to determine which items and which clinicians are involved in most errors. Monitor the frequency of these errors over time.
- Work individually with clinicians having more difficulty than others.
- Have clinical staff member(s) present their own patients in case studies that demonstrate creative approaches to patient assessment.
- Convene OASIS "support groups" on a regular basis for a few months after training. Use these groups to share ideas.
- Develop clinical competencies for assessment procedures and techniques.
- Videotape a "real" or role-played patient assessment encounter; use this to train or retrain staff.
- Repetition is essential!
- Reward positive performance; don't overlook the "stars."
- Cross-train staff members with unique roles to provide coverage for absences, vacations, etc.
- Look for opportunities to have FUN!